

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009740	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2014
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NAME OF PROVIDER OR SUPPLIER WASHINGTON CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 NEWCASTLE WASHINGTON, IL 61571
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210d)1) 300.1620a) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p>	S9999		
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/03/14

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to assess and treat pain for one of three residents (R1) reviewed for pain in the sample of three. This failure resulted in R1 experiencing severe pain for several days.</p> <p>Findings include:</p> <p>Pain Management policy dated 6/20/13, states, "Pain will be assessed and managed in a timely manner. The physician will be notified of resident's complaint of pain when not relieved by medication as ordered by the physician. Thorough communication with the physician will ensure an appropriate pain management plan."</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>In addition, the policy states, "Residents receiving scheduled pain medication will have the effectiveness documented each shift on the MAR (Medication Administration Record)."</p> <p>Report titled, "IHS Physician Transfer Report," dated 10/16/14, documents FentaNYL 50 mcg (microgram)/hour, commonly known as Duragesic. Place one patch onto the skin every third day, Meloxicam 7.5 MG (milligrams)-Take one tablet by mouth daily."</p> <p>October 2014 MAR (Medication Administration Record) for R1 documents, "Duragesic-50 patch-Apply one patch every 72 hours for pain," ordered on 10/16/14 and discontinued on 10/23/14. On 10/17/14, the medication is documented as not given with reason noted as, "awaiting delivery." On 10/20/14, the medication is documented as not given with reason noted as, "Duplicate."</p> <p>October 2014 MAR for R1 documents Meloxicam Tablet 7.5 mg (milligram) given daily beginning 10/16/14. There is no documentation of the effectiveness.</p> <p>On 11/12/14 at 2:10 p.m., E2 (Director of Nursing) stated resident pain should be assessed every shift and documented on the MAR (Medication Administration Record).</p> <p>On 11/13/14 at 10:40 a.m., E2 (Director of Nursing) stated after investigation E2 found that R1's FentaNYL Patch 50 mcg was never received from the pharmacy and R1 did not have it administered per physician order. E2 stated "there is no evidence that (R1's) physician was notified that the FentaNYL (50 mcg) was not given from 10/16/14 through 10/23/14." E2</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>denied knowledge of why the FentaNYL was not administered.</p> <p>On 11/13/14 at 11:09 a.m., E3 (Physical Therapy Assistant) stated, "I was (R1's) main therapist." E3 stated R1 experienced severe pain in R1's lower back and hips. E3 stated, "A lot of times (R1) was writhing and rocking back and forth in pain." E3 stated R1's first week at the facility, R1 was uncomfortable and weak but able to function. E3 stated R1's second week at the facility, R1's pain increased and affected R1's ability to function. E3 stated "I did report (R1's pain) to the nurse and I know there was a pain patch in question."</p> <p>Interview with Z3 (Pharmacy Director) on 11/13/14 at 11:37 AM, Z3 stated the pharmacy did not dispense FentaNYL 50 micrograms for R1 from 10/16/14 to 10/23/14. Z3 also stated, "There is no record of any follow up from the nurses at (the facility) asking where (R1's) FentaNYL was. This would have triggered (the pharmacy) to look into it."</p> <p>Nurses Notes dated 10/16/14 through 11/7/14, document R1's pain levels as follows: 10/16/14: 4 out of 10; 10/17/14: 4 out of 10; 10/18/14: 4 out of 10; 10/19/14: 6 out of 10; 10/22/14: 4 out of 10; 10/23/14: 6 out of 10; 10/24/14: 4 out of 10; 10/27/14: 2 out of 10; 10/29/14: 4 out of 10; 10/30/14: 5 out of 10; 10/31/14 5 out of 10; 11/1/14: 9 out of 10; 11/2/14 "severe pain in lower back...crying, moaning and gowning"; 11/3/14: "10++"; 11/3/14: 10 out of 10; 11/3/14: 5 out of 10; 11/4/14: 5 out of 10; 11/6/14: 7 out of 10; 11/7/14: 5 out of 10.</p> <p>(B)</p>	S9999		
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